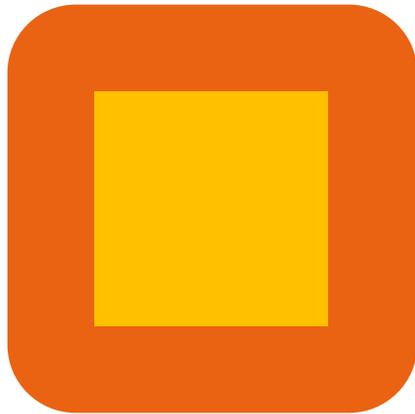


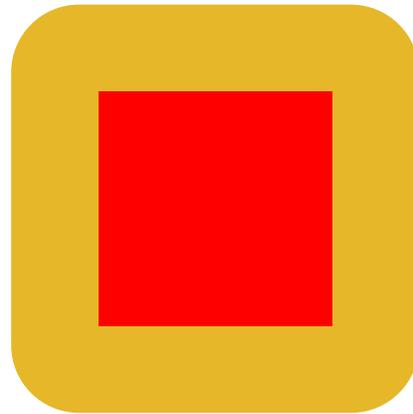


Transfers Into the IS System from Support Coordination

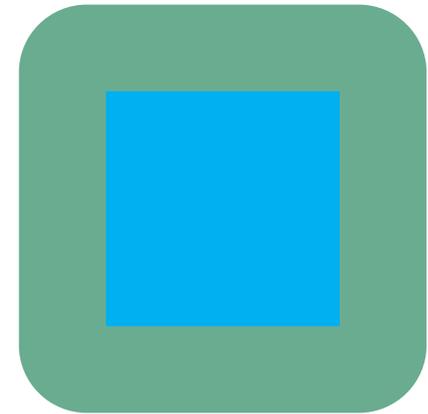
Three Separate Options:



LOSS OF MEDICAID



TRANSITIONING FROM A NON-IS
COUNTY TO AN IS COUNTY WITHIN
THE SAME REGION



TRANSITIONING FROM A NON-IS
COUNTY TO AN IS COUNTY
BETWEEN REGIONS

Loss of Medicaid

SENDING TCM/ R/O SUPPORT COORDINATOR	CLIENT INFORMATION CENTER	INFORMATION SPECIALIST
<ul style="list-style-type: none"> • Service Coordinator will update the demographics section of CIMOR reflecting the most current address and contact information for the consumer. • Information Specialist Referral document will be completed and forwarded to: <ul style="list-style-type: none"> ○ Client Information Center ○ Information Specialist Email • Consumer Record will be returned to the Regional Office if previously maintained off site by a private TCM agency. 	<ul style="list-style-type: none"> • Close the sending TCM's EOC, if applicable on the date identified on the Transfer Document. • Update the program code to Information Coordination. • Maintain the Consumer Record at the Regional Office. 	<ul style="list-style-type: none"> • Enter the necessary information from the Transfer Document into the appropriate Excel Databases. • Make contact with the Consumer/ Responsible Party. • Provide appropriate Resources.

Transition from a Non-IS County to an IS County Within the Same Region

SENDING TCM/ R/O SUPPORT COORDINATOR	CLIENT INFORMATION CENTER	INFORMATION SPECIALIST
<ul style="list-style-type: none"> • Service Coordinator will update the demographics section of CIMOR reflecting the most current address and contact information for the consumer. • Transfer document will be completed and forwarded to: <ul style="list-style-type: none"> ○ Client Information Center ○ Information Specialist Email • Consumer Record will be returned to the Regional Office if previously maintained off site by a private TCM agency. 	<ul style="list-style-type: none"> • Close the sending TCM's EOC, if applicable on the date identified on the Transfer Document. • Update the program code to Information Coordination. • Maintain the Consumer Record at the Regional Office. 	<ul style="list-style-type: none"> • Enter the necessary information from the Transfer Document into the appropriate Excel Databases. • Make contact with the Consumer/ Responsible Party. • Provide appropriate Resources.

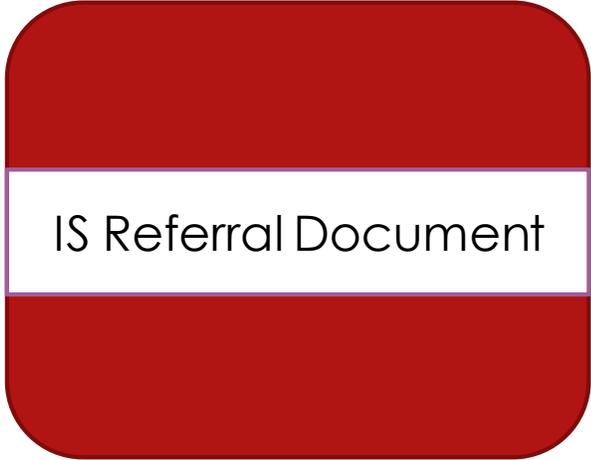
Transitioning from a Non-IS County to an IS County Between Regions

TCM Sending Regional Office	CIC	I/S
<ul style="list-style-type: none"> 1) The Support Coordinator shall initiate the Administrative Transfer Process that is utilized when the Consumer moves from one TCM/ RO to another throughout the Region or the State. 1) The Administrative Transfer Document shall be completed and forwarded to the Transfer Contacts for the Sending and Receiving Regions. 1) A copy of the most current ISP should also be submitted to the Information Specialist Email Address. 1) The Consumer File will be forwarded to the Receiving Regional Office. 	<ul style="list-style-type: none"> 1) Sending CIC staff will close the EOC for the Sending TCM if necessary according to the date noted on the Transfer Document, as well as the EOC for the Sending Regional Office 1) Receiving CIC staff will open the EOC and will add the I/S Program Code. 1) Receiving CIC staff will store the Consumer's Master Record at the local R/O. 	<ul style="list-style-type: none"> 1) I/S staff will retrieve the Transfer Document and the ISP from the I/S email box. 1) Databases will be updated with the necessary information. 1) Staff should review the ISP and make contact with the Consumer/Responsible Party to discuss ongoing needs and will begin forwarding resources.

Required Documents



IS Transfer Document



IS Referral Document

IS Transfer Document

STATE OF MISSOURI
DMH – DIVISION OF DD – REGIONAL OFFICES
TRANSFER FORM

Date Submitted: <Date>
Transfer Type: Service
 Case Management Only

Name: <First_Name> <Middle_Name> <Last_Name> DMH ID Number: <DMH_ID>
Date of Birth: <DOB> Medicaid Number: <Medicaid_No>
Medicare Number: N/A ISP Implementation date: N/A Guardian Status:
Individual's New Address: <Address> <City> <State> <Zip_Code>
County: <County> Telephone Number: <Home_Phone>
Parent/Guardian/Best Informant/Name & Address: <LR_First_Name> <LR_Last_Name>
<LRADDRESS> <LRCity> <LRState> <LRZip>
Parent/Guardian/Best Informant Phone: <LRPHONE_No>
Transfer FROM (RD/TCM): <REGIONAL_OFFICE> Transfer TO (RD/TCM): <Receiving_RD>
Principal Diagnosis w/ code: <Documented_Diagnosed_MedicalMentalPhys>
Services Authorized and/or projected: N/A
Funding Source: N/A Medicaid Waiver Slot #: N/A
Was individual on the Waiting List: (provide date placed on Waiting List, PON Score, and service(s) needed: N/A
Brief Update: <Reason_for_Transfer>
<Requested_Services>

File Audit Checklist:

<input checked="" type="checkbox"/> Admission Documents	<input checked="" type="checkbox"/> Waiver Choice Statement
<input checked="" type="checkbox"/> Legal Documents	<input checked="" type="checkbox"/> Provider Choice Statements
<input checked="" type="checkbox"/> Diagnosis Information (including ICD-O codes and collateral)	<input checked="" type="checkbox"/> Budgetary Documents (approved UR/ISL budgets w/VA to new TCM to enter for billing)
<input checked="" type="checkbox"/> All available Assessments (including MDCAB/Wireland)	<input checked="" type="checkbox"/> PON and UR Recommendation form
<input checked="" type="checkbox"/> Current Individual Support Plan	<input checked="" type="checkbox"/> Last 6 months of monthly/quarterly reviews

File Audit Completed by: Date File Audit Completed:
Transition Meeting Date: Transfer Effective Date:

Updated 9/11/17

IS Referral Form

1
**INFORMATION SPECIALIST
REFERRAL FORM**



DATE:

NAME:

DMH ID:

ADDRESS:

DOB:

TELEPHONE NUMBER:

COUNTY:

DIAGNOSIS:

RESPONSIBLE PARTY:

R.P. ADDRESS:

R.P. PHONE NUMBER:

EMAIL ADDRESS:

REASON FOR REFERRAL:

REQUESTED SERVICES:

MOHEALTHNET STATUS AT THE TIME OF TRANSFER:

Exception to the Rule.....

- ▶ If Your Agency No Longer Has An Intent To Serve And You Wish To Transfer All Of Your Tier 4 Individuals Please Follow These Steps:
 - ▶ Contact Matt Waggoner IS Statewide Lead Personally To Schedule A Meeting To Discuss The Details Of This Decision.
 - ▶ The Meeting Will Center Around The Number Of Individuals Your Agency Seeks To Transfer.
 - ▶ The Scheduled Date The Agency Wishes To Stop Taking New Referrals
 - ▶ The Official Date Of Transfer
 - ▶ The Referral Documents Will Not Be Submitted To The IS Mailbox. The Documents Will Be Sent Directly To The Statewide Lead To Be Evenly Distributed Among All IS Staff

Questions???

- ▶ Please Feel Free To Reach Out To Matt Waggoner at:
 - ▶ 417-629-3576
 - ▶ Matt.Waggoner@DMH.MO.GOV